

EXHIBIT G



1050 West Genesee Street
Syracuse, New York 13204

888.477.HOME



nascentiahealthoptions.org

INITIAL ADVERSE DETERMINATION DENIAL NOTICE

June 21, 2023

JESSICA MCKENNA
PO BOX 83
MIDDLE GROVE, NY 12850

Enrollee Number: 10000396
Coverage Type: MLTC Partial Capitation Plan
Service: D7950 facial surgery for Upper Left Quadrant and Upper Right Quadrant
D7951 sinus augmentation for Upper Left Quadrant and Upper Right Quadrant
Provider: Sean Ference
Plan Reference Number: 202317126083201

Dear JESSICA MCKENNA:

This is an important notice about your services. Read it carefully. If you think this decision is wrong, you can ask for a Plan Appeal by **08/20/2023**. You are not responsible for payment of covered services and this is not a bill. Call this number if you have any questions or need help: 1-888-477-4663.

Why am I getting this notice?

On June 20, 2023, you or your provider asked for
D7950 facial surgery for Upper Left Quadrant and Upper Right Quadrant
D7951 sinus augmentation for Upper Left Quadrant and Upper Right Quadrant
provided by Sean Ference.

You are getting this notice because DentaQuest on behalf of Nascentia Health Options has denied your request for services.

Why did we decide to deny the request?

On June 21, 2023, DentaQuest on behalf of Nascentia Health Options decided to deny this service because:

the service can be provided by a participating provider.

- The request for sinus augmentation, Upper Right Quadrant was denied.
- The request for sinus augmentation, Upper Left Quadrant was denied.
- The request for facial surgery, Upper Right Quadrant was denied.



- The request for facial surgery, Upper Left Quadrant was denied.
- This decision was based on:
- Services are only covered by your Health Plan for in network dentists. Our records do not show that your dentist is in our provider network. You may contact us for a dentist that is in network in your area. We have also told your dentist.

What if I don't agree with this decision?

If you think our decision is wrong, you can tell us why and ask us to change our decision. This is called a **Plan Appeal**. There is no penalty and we will not treat you differently because you asked for a Plan Appeal.

You have **60 calendar days** from the date of this notice to ask for a Plan Appeal. The deadline to file a Plan Appeal is **08/20/2023**.

Who can ask for a Plan Appeal?

You can ask for a Plan Appeal, or have someone else ask for you, like a family member, friend, doctor, or lawyer. If you told us before that someone may represent you, that person may ask for the Plan Appeal. If you want someone new to act for you, you and that person must sign and date a statement saying this is what you want. Or, you can both sign and date the attached Plan Appeal Request Form. If you have any questions about choosing someone to act for you, call us at: 1-888-477-4663. TTY users call 711.

You can also call the Independent Consumer Advocacy Network (ICAN) to get free, independent advice about your coverage, complaints, and appeals' options. They can help you manage the appeal process. Contact ICAN to learn more about their services:

Independent Consumer Advocacy Network (ICAN)
Community Service Society of New York
633 Third Ave, 10th Floor
New York, NY 10017
Phone: 1-844-614-8800 (**TTY Relay Service:** 711)
Web: www.icannys.org | **Email:** ican@cssny.org

Are you having trouble getting the substance use disorder or mental health services that you need?

The Community Health Access to Addiction and Mental healthcare Project (CHAMP) is an ombudsman program that can help you with insurance rights and getting coverage for your care.

CHAMP can help! Contact:

Community Health Access to Addiction and Mental Healthcare Project (CHAMP)
Community Service Society of New York
633 Third Ave, 10th Floor
New York, NY 10017

Phone: 1-888-614-5400 (**TTY Relay Service:** 711)
Web: <https://www.cssny.org/programs/entry/community-health-access-to-addiction-and-mental-healthcare-project-champ>
Email: ombuds@oasas.ny.gov



How do I ask for a Plan Appeal?

You can call, write or visit us to ask for a Plan Appeal. You or your provider can ask for your Plan Appeal to be **fast tracked** if you think a delay will cause harm to your health. **If you need help, or need a Plan Appeal right away, call us at 1-888-477-4663.**

Step 1 – Gather your information.

When you ask for a Plan Appeal, or soon after, you will need to give us:

- Your name and address
- Enrollee number
- Service you asked for and reason(s) for appealing
- Any information that you want us to review, such as medical records, doctors' letters or other information that explains why you need the service.
- Any specific information needed for the plan to render a decision on appeal.

If your Plan Appeal is fast tracked, there may be a short time to give us information you want us to review.

To help you prepare for your Plan Appeal, you can ask to see the guidelines, medical records and other documents we used to make this decision. You can ask to see these documents or ask for a free copy by calling 1-888-477-4663.

Step 2 – Send us your Plan Appeal.

Give us your information and materials by phone, fax, mail or in person:

Phone.....1-888-477-4663

Fax.....315-870-7788

Mail.....1050 West Genesee Street, Syracuse, NY 13204

In Person.....1050 West Genesee Street, Syracuse, NY 13204

To send a written Plan Appeal, you may use the attached Appeal Request Form, but it is not required. Keep a copy of everything for your records.

What happens next?

We will tell you we received your Plan Appeal and begin our review. We will let you know if we need any other information from you. If you asked to give us information in person, Nascentia Health Options will contact you (and your representative, if any).

We will send you a free copy of the medical records and any other information we will use to make the appeal decision. If your Plan Appeal is fast tracked, there may be a short time to review this information.

We will send you our decision in writing. If fast tracked, we will also contact you by phone. If you win your Plan Appeal, your service will be covered. If you lose your Plan Appeal, we will send you our Final Adverse Determination. The Final Adverse Determination will explain the reasons for our decision and your appeal rights. If you lose your Plan Appeal, you may request a Fair Hearing and, in some cases, an External Appeal.



When will my Plan Appeal be decided?

Standard— We will give you a written decision as fast as your condition requires but no later than 30 calendar days after we get your appeal.

Fast Track—We will give you a decision on a fast track Plan Appeal within 72 hours after we get your appeal.

Your Plan Appeal will be fast tracked if:

- A delay will seriously risk your health, life, or ability to function;
- Your provider says the appeal needs to be faster;
- You are asking for more of a service you are getting right now;
- You are asking for home care services after you leave the hospital;
- You are asking for more inpatient substance abuse treatment at least 24 hours before you are discharged; or
- You are asking for mental health or substance abuse services that may be related to a court appearance.

If your request for a Fast Track Plan Appeal is denied, we will let you know in writing and will review your appeal in the standard time.

For both Standard and Fast Track - If we need more information about your case, and it is in your best interest, it may take up to 14 days longer to review your Plan Appeal. We will tell you in writing if this happens.

You or your provider may also ask the plan to take up to 14 days longer to review your Plan Appeal.

Can I ask for a State Fair Hearing?

You have the right to ask the State for a Fair Hearing about this decision **after** you ask for a Plan Appeal **and**:

- You receive a Final Adverse Determination. You will have 120 days from the date of the Final Adverse Determination to ask for a Fair Hearing;

OR

- The time for us to decide your Plan Appeal has expired, including any extensions. **If you do not receive a response to your Plan Appeal or we do not decide in time, you can ask for a Fair Hearing.** To request a Fair Hearing call 1-800-342-3334 or fill out the form online at <http://otda.ny.gov/oah/FHReq.asp>.

Do I have other appeal rights?

You have other appeal rights if your plan said the service was: 1) not medically necessary, 2) experimental or investigational, 3) not different from care you can get in the plan's network, or 4) available from a participating provider who has the correct training and experience to meet your needs.

For these types of decisions, if we do not answer your Plan Appeal on time, the original denial will be reversed.



For these types of decisions, you may be eligible for an External Appeal. An External Appeal is a review of your case by health professionals that do not work for your plan or the State. You may need your doctor's help to fill out the External Appeal application.

Before you ask for an External Appeal:

- You must file a Plan Appeal and get the plan's Final Adverse Determination; or
- If you ask for a Fast Track Plan Appeal, you may also ask for a Fast Track External Appeal at the same time; or
- You and your plan may jointly agree to skip the Plan Appeal process and go directly to the External Appeal.

You have 4 months to ask for an External Appeal from when you receive your plan's Final Adverse Determination, or from when you agreed to skip the Plan Appeal process.

To get an External Appeal application and instructions:

- Call Nascentia Health Options at 1-888-477-4663; or
- Call the New York State Department of Financial Services at 1-800-400-8882; or
- Go on line: www.dfs.ny.gov

The External Appeal decision will be made in 30 days. Fast track decisions are made in 72 hours. The decision will be sent to you in writing. If you ask for an External Appeal and a Fair Hearing, the Fair Hearing decision will be the final decision about your benefits.

Other help:

You can file a complaint about your managed care at any time with the New York State Department of Health by calling 1-866-712-7197.

You can call Nascentia Health Options at 1-888-477-4663 if you have any questions about this notice.

Sincerely,

Utilization Management Department
DentaQuest

Enclosure: Appeal Request Form

cc: Sean Ference



**Nascentia Health Options APPEAL REQUEST FORM
FOR DENIAL OF SERVICES**

Mail this form to:

Nascentia Health Options
1050 West Genesee Street
Syracuse, NY 13204

Fax to: 315-477-9590

Today's date: _____

Deadline: If you want a Plan Appeal, **you must ask for it on time. You have 60 days** from the date of this notice to ask for a Plan Appeal. The last day to ask for a Plan Appeal about this decision is **08/20/2023**.

Enrollee Information

Name: JESSICA MCKENNA

Enrollee ID: 10000396

Address: PO BOX 83 MIDDLE GROVE, NY 12850

Home Phone: (518) 573-7269 Cell Phone: _____

Plan Reference Number: 202317126083201

Service being Denied: D7950 facial surgery for Upper Left Quadrant and Upper Right Quadrant

D7951 sinus augmentation for Upper Left Quadrant and Upper Right Quadrant

I think the plan's decision is wrong because:

Check all that apply:

- ☐ I request a Fast Track Appeal because a delay could harm my health.
- ☐ I enclosed additional documents for review during the appeal.
- ☐ I would like to give information in person.
- ☐ I want someone to ask for a Plan Appeal for me:
 - Have you authorized this person with Nascentia Health Options before? YES ☐ NO ☐
 - Do you want this person to act for you for all steps of the appeal or fair hearing about this decision? You can let us know if change your mind. YES ☐ NO ☐

Requester (person asking for me)

Name: _____ E- mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (_____) _____ Fax #: (_____) _____

Enrollee Signature: _____ **Date:** _____

Requester Signature: _____ **Date:** _____



If this form cannot be signed, the plan will follow up with the enrollee to confirm intent to appeal.



NOTICE OF NON-DISCRIMINATION

Nascentia Health Options complies with Federal civil rights laws. **Nascentia Health Options** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Nascentia Health Options provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose first language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **Nascentia Health Options** at 1-888-477-4663. For TTY/TDD services, call TTY/TDD 711.

If you believe that **Nascentia Health Options** has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with **Nascentia Health Options** by:

Mail: 1050 West Genesee Street, Syracuse, NY 13204
Phone: 1-888-477-4663 (for TTY/TDD services, call 711)
Fax: 315-870-7788
In person: 1050 West Genesee Street, Syracuse, NY 13204

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

Web: Office for Civil Rights Complaint Portal at
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Mail: U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>
Phone: 1-800-368-1019 (TTY/TDD 800-537-7697)



ATTENTION: Language assistance services, free of charge, are available to you. Call 1-888-477-4663 TTY/TDD 711 .	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-477-4663 TTY/TDD 711.	Spanish
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-477-4663 TTY/TDD 711.	Chinese
ملحوظة: إذا كنت تتحدث أكثر اللغات، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 4663-477-888-1-888-477-4663 TTY/TDD 711	Arabic
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-477-4663 TTY/TDD 711 번으로 전화해 주십시오.	Korean
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-477-4663 (телетайп: TTY/TDD 711).	Russian
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-477-4663 TTY/TDD 711.	Italian
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-477-4663 TTY/TDD 711.	French
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-477-4663 TTY/TDD 711.	French Creole
אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט <1-888-477-4663/TTY/TDD>.	Yiddish
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-477-4663 TTY/TDD 711	Polish
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa <1-888-477-4663/TTY/TDD 711.	Tagalog
লক্ষ্য করুন: যদি আপনি বাংলা, কথো বলতে পারেন, তাহলে দরখোস্তে ভাষা সহায়তা পদক্ষেপে উপলব্ধ। ফোন করুন ১-৮৮৮-৪৭৭-৪৬৬৩ TTY/TDD 711	Bengali
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në <1-888-477-4663 TTY/TDD 711.	Albanian
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-888-477-4663 TTY/TDD 711.	Greek
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں <1-888-477-4663 711 TTY>.	Urdu

